

STANDARD CERTIFICATE OF DEATH

4027

State File No. ....

FILED FEB 21 1955

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 174

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 19 years	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Grandview Nursing Home 1200 N. 10th St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> B O 117	
e. STREET ADDRESS 1200 N. 10th St.		(If rural, give location) Hotel Robidoux, 5th & Francis Sts.	

3. NAME OF DECEASED (Type or Print) Emma Rothschild Weiler		4. DATE OF DEATH February 8, 1955	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 6, 1862
9. AGE (In years last birthday) 92	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Phillip Rothschild	13b. MOTHER'S MAIDEN NAME Elisa Fries	14. NAME OF HUSBAND OR WIFE Mose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cliff Geis, 803 N. 25th, St. Joseph, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		years
	DUE TO (c) chronic myocarditis		years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. phlebitis, right leg.		years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1945, 19, to 2-8-55, 19, that I last saw the deceased alive on 2-8-55, 19, and that death occurred at 1:30p. m., from the causes and on the date stated above.

23a. SIGNATURE E. Handler (Degree or title) M.D.	23b. ADDRESS 311 Physician & Surgeons Bldg., St. Joseph, Missouri	23c. DATE SIGNED 2-9-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/11/1955	24c. NAME OF CEMETERY OR CREMATORY Adath Joseph Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. Feb 15, 1955	REGISTRAR'S SIGNATURE Father M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weston-Brown St. Joseph Mo.
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(Licensed Embalmer's Statement on Reverse Side)

*W. Spalding*

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William Spalding*.....

Licensed Embalmer No... 452

P. O. Address 3195 10<sup>th</sup> St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.